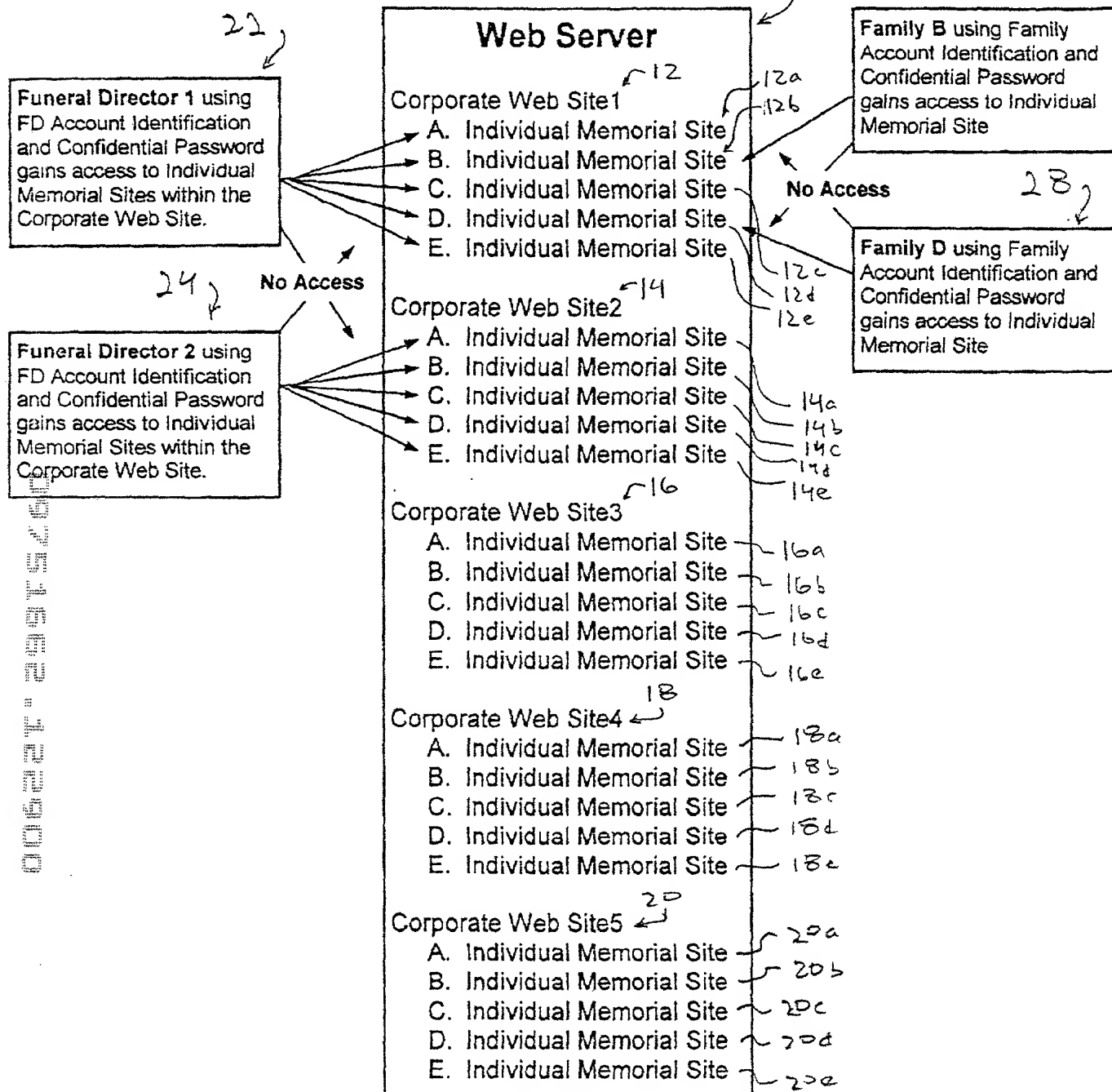


Figure 1



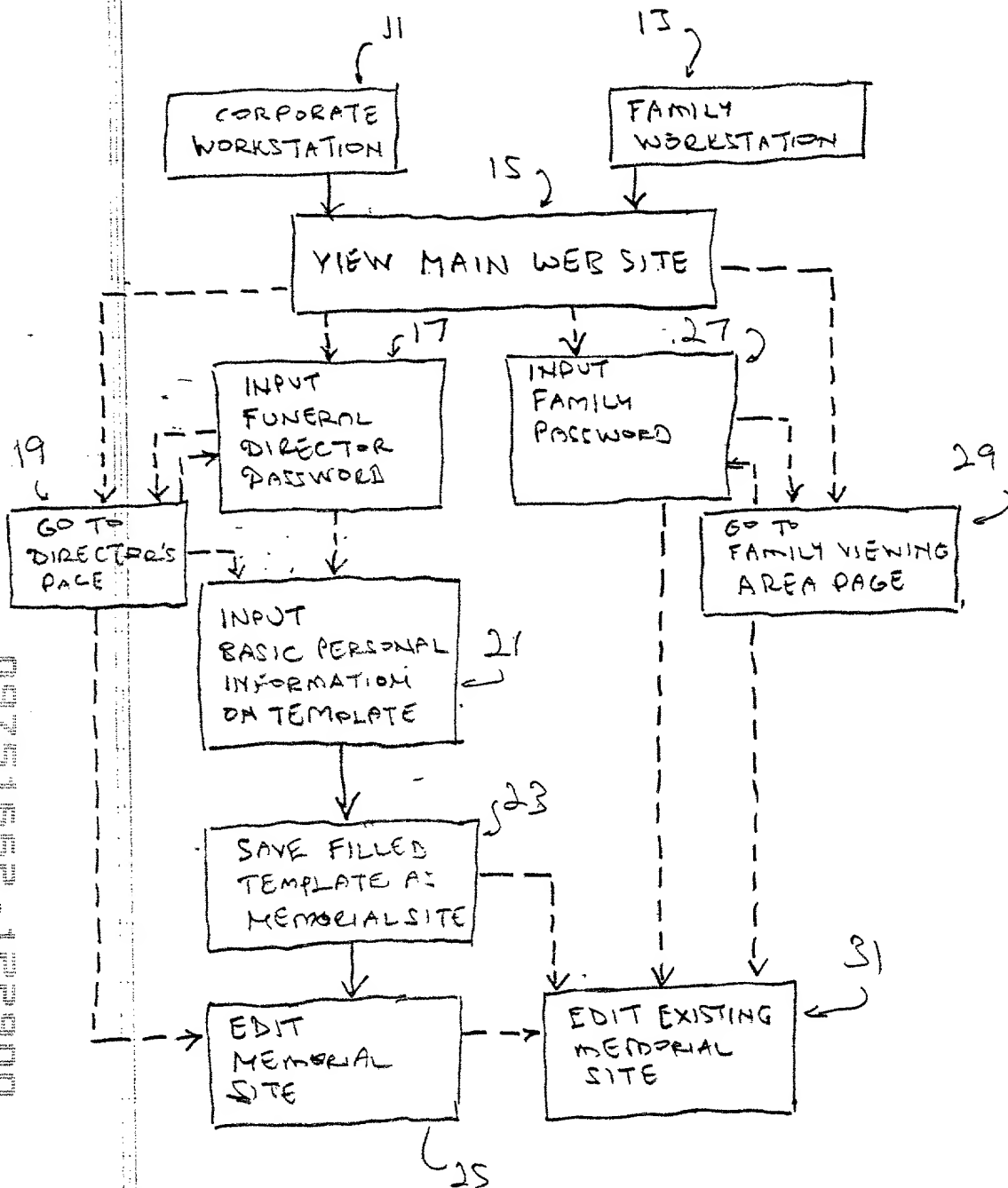
[illegible]

FIG. 3

Your Company Logo

Home | Logoff

Memorials

Pending Services

View Recent

Search Past

Our Difference

Cremation

Directions

FAQ

Our Staff

Pre-Planning

Other Links

Consumer Tips

Grief Support

Create A Lasting Memorial

1. Add New Client

2. Write The Memorial

More Client Features

1. Update Client Information

2. Change A Memorial

3. Enter Basic Vital Statistics

4. Enter Burial Information

For Help Call 512.692.7186 or
Email MaryBelle by [CLICKING HERE](#)

Site Maintenance

You must have the proper security clearance to access this area.

Funeral Home Tables

Password Administration

Not Available at this time.

Our Difference

Cremation

Directions

FAQ

Our Staff

Pre-Planning

Consumer Tips

Grief Support

FIG. 4

30

Your Company Logo

Home | Directors

Add New Client

49

51

48

Field	New Record
52 → Enter Full Name (as it should appear)	
54 → Enter First Name Only	
55 → Enter Middle Name Only	
58 → Enter Last Name Only	
60 → Enter Date of Birth	
62 → Enter Date of Death	
64 → Enter Date of Funeral	
66 → Default for Photo	NA
68 Basic or Complete Memorial	Basic <input type="checkbox"/>
70 → Funeral Information	Funeral services are pending.
72 → Default Affiliate Number	TXMB01
74 → Enter Your Staff Number	
76 → Date Client Added	04/23/99
78 → <input type="button" value="Cancel"/>	<input type="button" value="Add New Record"/> <input type="button" value="Reset"/>

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FIG. 5.

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Write or Change A Memorial

Update

Name - Date Of Birth

Ashmore, Isabelle - 9/28/1908	▲
Cutler, Gail - 11/4/40	●
Cutler, William -	
Richardson, Emmitt - 10/26/1901	
Richardson, James -	
Richardson, Sidney - 10/26/1904	—
Test4, Kim4 -	▼

Select a Name then Click Here

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FIG. 6

Your Company Logo

Home | Directors

Write A Memorial

If need to Add A New Client to the system, CLICK HERE.

Use the scroll bar to find the Deceased.

Using your mouse, highlight their name.

Click "Select a Name then Click Here" to view the record.

Click "Update" to open the record so you can make the changes.

Field	Current Record
Memorial For	Sample Client
Announcement Paragraph	
History Paragraph	
Proceeded in Death	
Survivors	
Funeral Information	Funeral services are pending.
Pallbearer Information	
<input type="button" value="Cancel"/>	<input type="button" value="Update Current Record"/>
	<input type="button" value="Reset"/>

Record Update/Delete Criteria : cAuto = 33

Make the additions or changes you desire.

Click "Update Current Record" to SAVE your entry.

Warning: Changes are not saved automatically.

You must click "Update Current Record" to save changes.

Click "Cancel" to return to the Form View WITHOUT saving your changes.

Click "Grid" and "Form" to toggle between individual records and the Scroll Bar listing.

Thank you for using MaryBelle.com.

FIG. 7

Your Company Logo

Return to Funeral Home

Memorial Home

Guest Book
Sign for the Family

Add
Condolences
A Lasting Memorial

View
Burial Information
Condolences
Full Announcement
Guest Book
Lasting Memorials
Vital Statistics

Print
Keepsakes

Family Login



Isabelle "Belle" Ashmore

Isabelle Beatrice Ashmore, age 90, of Cedar Creek and formerly of Corpus Christi, Texas and Granite Falls, Minnesota died October 31, 1998 at the Smithville Hospital after a sudden stroke. She often felt she was a young spirit trapped in an old body.

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FIG. 8

Your Company Logo

30

[Return to Funeral Home | Logoff](#)

Memorial Home

Guest Book
Sign for the Family

Add
[Condolences](#)
[A Lasting Memorial](#)

View
[Burial Information](#)
[Condolences](#)
[Full Announcement](#)
[Guest Book](#)
[Lasting Memorials](#)
[Vital Statistics](#)

Print
[Keepsakes](#)

Private Family Area

You have entered the Private Family Area.

To View Guest Book Information

The Family Guest Book contains information that cannot be seen by the general public. To view the Family Guest Book [CLICK HERE](#).

To Modify Information

Click on the appropriate underlined word and follow the instructions.

[Announcement](#) | [Burial](#) | [Vital Statistics](#)

To receive help via email by [CLICK HERE](#).

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FIG. 9

Your Company Logo

[Return to Memorial Page](#)

Family Announcement

Guest Book

[Sign for the Family](#)

Add

[Condolences](#)
[A Lasting Memorial](#)

View

[Burial information](#)
[Condolences](#)
[Full Announcement](#)
[Guest Book](#)
[Lasting Memorials](#)
[Vital Statistics](#)

Print

[Keepsakes](#)

Return to Private Family Area

[Guest Book](#) | [Announcement](#) | [Burial](#) | [Vital Statistics](#)

Field	Current Record
Memorial for:	Sample Client
History Paragraph	
Proceeded in Death	
Survivors	
Pallbearer Information	
<input type="button" value="Cancel"/>	<input type="button" value="Update Current Record"/> <input type="button" value="Reset"/>

Record Update/Delete Criteria : cAuto = 33

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FIG. 10

Mission Funeral Home

Home

Memorial for Guadalupe (Lupe) Barron

Guest Book

Sign for the Family

Add

Condolences

Special Memories

View

Burial Information

Condolences

Full Announcement

Guest Book

Special Memories

Vital Statistics



Our beloved Husband and Father, Guadalupe (Lupe) Barron, Age 65, a longtime resident of Austin, was called by his Savior to his eternal rest, Saturday, August 28, 1999.

Print

Keepsakes

To view the complete Funeral Announcement [CLICK HERE](#).

This online Memorial will expire in 49 days.

Family Login

To help the family extend this memorial, [click here!](#)

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FIG. 11

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Mission Funeral Home

[Home](#)

Guest Book

[Sign for the Family](#)

Add

[Condolences](#)

[Special Memories](#)

View

[Burial Information](#)

[Condolences](#)

[Full Announcement](#)

[Guest Book](#)

[Special Memories](#)

[Vital Statistics](#)

Print

[Keepsakes](#)

[Family Login](#)

Copyright ©

Memorial for Guadalupe (Lupe) Barron

Online Payment Services

You have offered to extend the Memorial for Guadalupe Barron.

For each month that you extend the memorial,
11 months will be added FREE.

Please extend the Memorial for \$49.95 each

The Memorial will be displayed for ##### Additional Months

The Total Amount Due will be \$\$\$\$.\$\$

Credit Card Details

Type of Card:

☐ MasterCard

☒ VISA

☐ American Express

☐ Discover/Novus

☐ Diners/Carte Blanche

Credit Card Number:

Expiration Date: Month: (01 - 12)

Year: 1999

Credit Card Holder Name: (as printed on card)

Zip Code: (Only for the US)

By this payment, registrant agrees to the terms and conditions of the current Memorial Registration Agreement. The Memorial may be canceled and a refund given with 30 days of purchase.

FIG 12

Home

Guest Book

Sign for the Family

Add

Condolences

Special Memories

View

Burial Information

Condolences

Full Announcement

Guest Book

Special Memories

Vital Statistics

Print

Keepsakes

Extend Memorial for Charles (Charlie) Sanchez Rodriguez

The price for a 1-Month Memorial Extension is \$30.00. For a limited time, a Bonus of 11 Free Months will be added to the Expiration Date of this Memorial when you purchase a 1-Month Extension.

To extend this Memorial, please fill out the form below. Your Name, Email Address, and Message to the Family will be used to inform the family that you have made this purchase on their behalf. This form will submit to a **Secure Server**, to complete your purchase using an online credit card transaction.



Our beloved Charles (Charlie) Sanchez Rodriguez, age 58, resident of Austin, was called by our Heavenly Father on October 24, 2000.

Your Name: _____

Email Address: _____

Message to
The Family: _____

Secure Credit Card Transaction

To view the complete Funeral Announcement [CLICK HERE](#).

Family Login

This Memorial will expire in 17 days.

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244

FIG 13

Mission Funeral Home

Order Information

Invoice #

Description

1 Month Memorial Subscription for Charles (Charlie) Sanchez Rodriguez

Amount

30.00 (USD)

Credit Card Information (if Payment Method is Credit Card)

Accepted Cards Visa

MasterCard

Card Number

Exp. Date

(mm/yy)

Customer Billing Information

First Name

Last Name

Company

Address

City

State/Province

Zip Code

Country

Phone

Fax

E-Mail

kim@marybelle.com

Customer Shipping Information (if different from above)

First Name

Last Name

Company

Address

City

State/Province

Zip Code

Country

Submit Transaction

Clear Form

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